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STOEL RIVES

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32642 7590 09/20/2006

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KEVIN B. LAURENCE <i>Kevin B. Laurence</i> OCT. 4, 2006	(Signer's name) (Signature) (Date)
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APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/736,937	12/14/2000	Duane D. Blatter	13861-11-3 11502/15	1535

TITLE OF INVENTION: LOCKING COMPRESSION PLATE ANASTOMOSIS APPARATUS

APPN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENDOZA, MICHAEL G	3734	606-153000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. _____

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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Integrated Vascular Interventional Salt Lake City, Utah
 Technologies, L.C. (IVIT LC)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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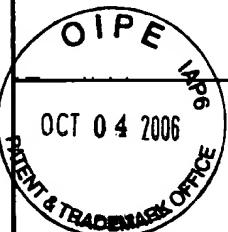
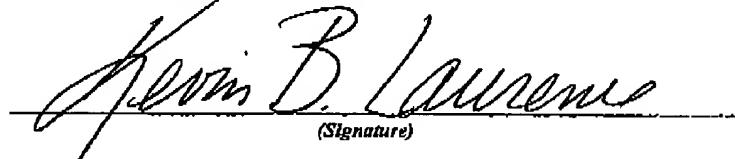
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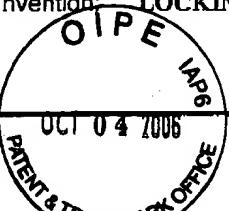
*Kevin B. Laurence*Date Oct. 4, 2006Typed or printed name Kevin B. LaurenceRegistration No. 38,219

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 11502/15
Applicant(s): Duane D. Blatter			
Application No. 09/736,937	Filing Date December 14, 2000	Examiner Michael G. Mendoza	Group Art Unit 3734
Invention: LOCKING COMPRESSION PLATE ANASTOMOSIS APPARATUS			
 OCT 04 2006			
I hereby certify that this <u>Transmittal of Payment of Issue Fee (including the items listed below)</u> <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-2885</u>) on <u>Oct. 4, 2006</u> <small>(Date)</small>			
<u>Kevin B. Laurence</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
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Transmitted: Certificate of Transmission by Facsimile (1 pg.) Transmittal of Payment of Issue Fee (1 pg.) PTO-Form 2038 charging the amount of \$1,015.00 PTOL-Form 85 Part B – Fee(s) Transmittal (1 pg.)			
<u>Total Pages Transmitted 4</u>			

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity) (37 C.F.R. 1.311)				Docket No. 11502/15	
Applicant(s): Duane D. Blatter					
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/736,937	December 14, 2000	Michael G. Mendoza	32642	3734	1535
Invention: LOCKING COMPRESSION PLATE ANASTOMOSIS APPARATUS					
 Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTO-85 <input checked="" type="checkbox"/> Utility Fee: <u>\$ 700.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____ <input checked="" type="checkbox"/> Publication Fee: <u>\$ 300.00</u> <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. as described below. <input type="checkbox"/> Charge the amount of _____ <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <i>Signature</i>			Dated: <u>Oct. 4, 2006</u>		
Kevin B. Laurence Registration No. 38,219 Stoel Rives LLP One Utah Center 201 South Main Street, Suite 1100 Salt Lake City, UT 84111 Telephone: 801-578-6932 Facsimile: 801-578-6999					
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